

BASIC MEDICATION ADMINISTRATION  
CURRICULUM

FOR

DIRECT SUPPORT PROFESSIONALS

**DRAFT 4**

## Table of Contents

<b>SECTION I.....</b>	<b>3</b>
INTRODUCTION TO MEDICATIONS.....	3
LEGAL AND ETHICAL ISSUES.....	3
GENERAL RULES.....	4
HANDWASHING PROCEDURE.....	5
THE 6 RIGHTS OF CORRECT MEDICATION ADMINISTRATION.....	6
REQUIREMENTS OF ADMINISTERING MEDICATIONS.....	7
PROCEDURE FOR ADMINISTRATION AND RECORDING MEDICATION.....	7
MEDICATIONS ADMINISTERED IN LOCATIONS OTHER THAN THEIR PERSON'S HOME.....	9
SPECIAL INSTRUCTIONS FOR CONTROLLED SUBSTANCES.....	9
PRECAUTIONARY MEASURES FOR AVOIDING MISTAKES.....	9
DEFINITIONS.....	10
TYPES OF MEDICATION ORDERS.....	10
ROUTES OF ADMINISTRATION.....	10
MEDICAL SYMBOLS AND ABBREVIATIONS.....	11
PRN	
ORDERS.....	11
INFORMATIONAL TOOLS.....	12
 <b>SECTION II.....</b>	 <b>14</b>
ADMINISTRATION OF MEDICATION.....	14
METHODS OF DRUG ADMINISTRATION.....	14
SPECIFIC INSTRUCTIONS FOR ADMINISTERING MEDICATIONS.....	15
ORAL ADMINISTRATION OF TABLETS AND CAPSULES.....	15
ORAL ADMINISTRATION OF LIQUIDS.....	15
SUBLINGUAL/MUCOSAL ADMINISTRATION.....	16
APPLICATION OF TOPICAL MEDICATION.....	16
MEDICATION PATCHES.....	16
CREAMS AND OINTMENTS.....	17
INSTILLATION OF MEDICATIONS.....	17
INSTILLATION OF EYE (OPHTHALMIC MEDICATIONS).....	17
INSTILLATION OF EAR (OTIC) MEDICATIONS.....	19
HYGIENIC CARE OF EARS WITH A DISCHARGE.....	20
INSTILLATION OF NASAL (NOSE) MEDICATIONS.....	20
PROCEDURE FOR ADMINISTERING NASAL DROPS.....	21
PROCEDURE FOR ADMINISTERING NASAL SPRAYS.....	21
INSTILLATION OF INHALANT MEDICATIONS.....	22
PROCEDURE FOR METERED DOSE INHALERS.....	23
PROCEDURE FOR METERED DOSE INHALERS WITH SPACER.....	23

<b>SECTION III.....</b>	<b>24</b>
DOCUMENTATION AND MEDICATION ERRORS.....	24
DOCUMENTATION ERROR.....	24
MEDICATION ERRORS.....	24
SIDE EFFECTS.....	24
DRUG INTERACTIONS.....	25
DRUG REACTIONS.....	26
CHANGE IN BEHAVIOR PROCEDURE.....	26
MINOR ALLERGIC REACTION PROCEDURE.....	26
SEVERE ALLERGIC REACTION PROCEDURE.....	26
DRUG STORAGE.....	26
DRUG REFERENCE.....	27
GENERIC NAMES VS. BRAND NAMES.....	27

# **SECTION I**

## **INTRODUCTION TO MEDICATIONS**

Medicines are used to treat disease, injury or pain. Drugs are strong enough to cure, but if given improperly, can cause harm. Medications used to treat chronic conditions such as high blood pressure or diabetes are given on a daily basis. It is imperative that these drugs be given according to their correct schedule as they maintain proper body function. Drugs used to treat injury or pain may either be given on a short-term or long-term basis. All drugs have side effects but not all people taking the drug experience them. Side effects may not be serious or they may be life threatening. Knowing the people whom you support is important in determining if they are experiencing a side effect or other untoward effect of their medication therapy.

Medication is administered on a timed basis. The most common administration times are 8 AM, 12 Noon, 4 PM, and 8 PM (with some exceptions, such as bedtime, "H.S") The medication label will state the proper time of administration and this corresponds with the directions on the medication sheet. Verification that the directions match will insure proper dosing. Following instructions is an important part of the job you do in maintaining the good health of the individuals you support.

It is important to understand and adhere to the rules of medication administration that are described in this manual since deviation from them may result in serious consequences for the people you support.

## **LEGAL AND ETHICAL ISSUES**

Proper medication administration is an important part of health care. The people we support have a right to expect that the medications they receive are the same as those prescribed by their Primary Care Physician (PCP) or other licensed health care provider, e.g. Nurse Practitioner. They also have a right to expect that properly trained individuals will administer the medications they receive. A properly trained individual will know and understand the rights of the person he/she supports. These rights include the right to know the potential side effects of prescribed medications, the right to refuse medication and/or treatments if competent to do so, and the right to be informed of any consequences that may occur from their refusal.

It is important to take care when administering medications. Acting according to habit or in haste can lead to medication errors. When errors occur there are ethical and legal obligations to be fulfilled. The proper procedure for documenting a medication error is described in Section III, under "Medication Errors".

## **GENERAL RULES**

1. Be alert when handling medications. Always communicate with the individual and explain what it is you are going to do.
2. Start early. Always allow ample time to administer medications carefully and accurately. Give the medications as close to the time ordered as possible. Allow enough time to fully and accurately record all medications as you administer them.
3. Hands should be thoroughly cleansed before handling medication, as it is considered the single most effective way to reduce the spread of infection.
  - A. It is very important to wash your hands thoroughly:
    - Before and after giving direct care
    - After each contact with blood or body fluids or items or surfaces contaminated with blood or body fluids
    - Before and after coming in contact with an individual receiving medications
    - Before handling food
    - Before and after eating and/or drinking
    - After using equipment with which you provide care to persons
    - After using a tissue or handkerchief
    - After using the bathroom
    - After removing gloves
    - Before and after smoking
  - B. When washing your hands, use liquid soap if at all possible since it does not become contaminated under ordinary circumstances. Bar soap remains moist, a condition which contributes to bacterial growth. If bar soap must be used, rinse it before using and store it so that it can dry between uses.
  - C. When hand washing is not feasible, commercially packaged antiseptic hand cleansers or towelettes may be used according to manufacturer's instructions. Hands should be washed as soon as possible after use of antiseptic hand cleansers. If gloves are used, hands must still be washed afterwards. While gloves offer excellent protection, microscopic seepage may occur. If gloves are used, do not use for more than one person; re-gloving and hand washing must occur between all contacts.
  - D. Frequent hand washing can cause the hands to become dry or cracked. Use of hand lotion will reduce the risk of dryness and reduce one's susceptibility to infection.

**Remember- everything you touch has germs on it so  
WASH YOUR HANDS THOROUGHLY!**

## **HAND WASHING PROCEDURE:**

- a. Turn on the water using warm water that is at a temperature that is comfortable for you.
  - b. Completely wet your hands and wrists under the water.
  - c. Apply soap or detergent in the recommended amount. Spread the soap over the entire area of your hands and wrists, being sure to get under nails, between fingers, and around rings. Add water as necessary to keep the soap from becoming too dry.
  - d. Work up a lather and spread it over your hands and wrists. If necessary, use a brush to remove any substances offering particular resistance. Rub one soaped hand against the other. Work the lather in between your fingers. Rub the tips of your fingers over the palms of your hands. Push the lather under your fingernails. When necessary, use a nail stick or nail file.
  - e. With a rotating, frictional motion, rub the hands together for at least one minute going at least 2 to 3 inches above your wrists.
  - f. To wash fingers and the spaces between them, interlace the fingers and rub up and down.
  - g. Rinse your hands afterward and apply more soap. Keep your hands away from the sides of the sink. If your hands accidentally touch the inside of the sink, start again and repeat the whole procedure.
  - h. Continue washing for at least one minute.
  - i. Rinse your hands thoroughly under running water with fingertips down.
  - j. Dry your hands and wrists thoroughly. Before discarding the paper towel, use it to shut off the faucets.
4. Always use the medication sheet for administering medications. Be alert to medication orders that may change.
  5. Read the medication label carefully for special instructions regarding the medication (e.g., crushing, use of dairy products, food, etc.)
  6. Compare medication label to medication sheet for accuracy (a total of three times prior to administering).

7. Do not mix liquid medications. Some medications, when mixed, can cause a change of color, loss or increase in potency, form a precipitate, or otherwise cause a harmful chemical change.
8. Medications may be crushed unless contraindicated on medication sheet or medication package.
9. Report any medications not administered or refused, to the covering nurse or supervisor according to your agency's specific policy. This should also be noted on the medication sheet.
10. There is a half hour to an hour leeway as to when the medications are given depending upon your agency's specific policy. This means that the medication may be given either ½ to 1 hour before or ½ to 1 hour after the designated administration time. It is always best to give medications as close to the prescribed time as possible.

### **THE 6 RIGHTS OF CORRECT MEDICATION ADMINISTRATION:**

The "6 Rights" of administering medication should be followed closely and become second nature in the practice of administering medication. By adhering to the "6 Rights", you will not make a mistake in your administration of medications.

**RIGHT MEDICATION** – read the medication sheet and the medication bottle THREE times before administering medications!

**RIGHT DOSE** – measure accurately, understand amounts and terminology.

**RIGHT METHOD OF ADMINISTRATION** –oral, topical, rectal, vaginal, G-Tube, J-Tube, or subcutaneous injection.

**RIGHT TIME** – important in maintaining blood levels.

**RIGHT PERSON** – know the person yourself or use the identification picture on the profile.

**RIGHT DOCUMENTATION** - know your agency's policies and procedures related to recording on the medication sheet, recording controlled drug use, recording omitted medications, and recording the effect of a PRN medication. A few general do's and don'ts are:

- Do write legibly
- Do not use pencil. Use blue or black ink.

- Do not erase or use “white out” to correct an error in documentation. Draw a single line through the error, initial and date the error, and make the correction.
- Do not use abbreviations that are not approved by your agency

### **REQUIREMENTS OF ADMINISTERING MEDICATIONS**

Direct Support Professionals (DSP) who administer medications must:

- Have completed the medication administration training course
- Be familiar with the people receiving the medications
- Be able to understand and follow directions
- Be responsible
- Be conscientious
- Avoid distractions
- Concentrate on task at hand

### **PROCEDURE FOR ADMINISTRATION AND RECORDING OF MEDICATION**

1. Determine the whereabouts of all the individuals who will be receiving medications.
2. Wash your hands thoroughly, and repeat the process between contact with each individual and his/her medications. Use disposable gloves as appropriate.
3. Obtain necessary supplies:
  - a. Medication Book
  - b. Medications (in some cases medications may be stored in locations other than the medication box, e.g., controlled substances, refrigerated medications).
  - c. Medication cups
  - d. Spoons & ice cream, applesauce, pudding, etc.
  - e. Drinking cups and water
  - f. Clean – dry and damp disposable towels
  - g. Disposable gloves
4. Locate the medication container(s) in the medication box or tray.
  - a. With the book beside the container(s) read the order for the first medication listed on that individual’s medication sheet for the hour for which you are administering.
  - b. Read the prescription label on the medication container comparing it to the medication sheet, checking for the right individual, right medication, right dosage, right time, and right route.
  - c. If both label and order match, put the medication into the cup as ordered.
  - d. \*If there are any discrepancies between the medication sheet and the medication label **do not pour** the medication. Notify the nurse/supervisor for further instructions.



5. As you pour the medication into the medication cup, compare the medication sheet with the medication label a second time to verify accuracy. When putting the medication container back down, compare the medication sheet with the medication label a third time to verify accuracy.
6. Place a small dot in the area where you will put your initials (or follow your agency's specific policy related to recording medications).
7. If no discrepancies have been noted repeat the above process for all medications prescribed for that individual, for that hour of the day, until all are in the cup(s) from which they will be administered directly to that individual.
8. If liquid medications are to be administered, follow the above procedure. Pour liquid medication into the cup with the medication cup held at eye level and placed on a level surface, filling to prescribed amount. Do this just prior to administering all medications for that person. Never leave poured liquid medications out for an extended period of time. With a clean damp disposable towel wipe off any dripping medication from the bottle.
9. Return all medication containers to their place in the medication box immediately after medications have been put/poured into cups.
10. Never leave the immediate vicinity of the medications. If the location of the person to whom you are administering medications requires you to leave the area, then all medications and containers must be secured, according to your agency policy.
11. Having properly identified the individual, administer the medication(s) as ordered, offering adequate fluids to insure proper swallowing, (if ice cream, applesauce, pudding, etc., are utilized to administer medications, be sure to offer ample amounts to insure a person properly swallows all the medications).
12. After assuring that the person has taken the medication, place your initials in the box you have dotted.
13. If an individual refuses a medication, circle your initials on the medication sheet corresponding to that particular medication, and document and report the refusal according to your agency policy.
14. Repeat the above procedures as needed for all the individuals who are receiving medications for that hour.
15. After all medications have been returned to their original place, secure the medications according to your agency's specific policy.

## **MEDICATIONS ADMINISTERED IN LOCATIONS OTHER THAN THE PERSON'S HOME**

Direct Support Professionals should follow their agency specific policy when medication is being administered to a person at a location other than his/her home.

## **SPECIAL INSTRUCTIONS FOR CONTROLLED SUBSTANCES**

The State of Rhode Island designates certain medications as “controlled substances.” These include a variety of substances such as, narcotics, depressants, stimulants and medications given prior to certain medical appointments. The nurse and pharmacy will identify these medications.

Several key points must be followed with these controlled substances:

- Controlled substances are stored under double locks. This type of medication must be counted according to your agency specific policy.
- A controlled substance record form is required for the counting of medications in this category. Each medication will have its own individual record.
- When administering a medication that is a controlled substance, you will be required to follow your agency's specific procedure for documenting controlled substances.
- This documentation is in addition to the medication documentation described above.

## **PRECAUTIONARY MEASURES FOR AVOIDING MISTAKES**

- Per agency specific policy, it is always helpful to have a second DSP (when available), who has been trained in medication administration, verify the medications poured and the recording of medication administration.
- Be sure you understand the information on the medication label and medication sheet.
- Always use the medication sheet to verify the correct time to administer the medication.
- Concentrate on the job at hand when handling medications. Conversations at this time are not appropriate and are a frequent cause of errors. Avoid interruptions!
- Concentrate – but do not be impersonal.
- Have good lighting for proper vision.
- NEVER give a medication from a container that is not plainly marked.
- NEVER change a label.
- NEVER consolidate medicine by pouring one near-empty bottle of pills or liquid into another bottle. All bottles have LOT numbers for identification purposes and expiration dates.

- NEVER give a medication that has fallen to the floor. This medication must be set aside and disposed of according to your agency's specific policy. A lost dose must be recorded according to your agency's specific policy. The person should be given another pill.
- NEVER pour a medication for someone else to administer.
- NEVER administer a medication that someone else has poured.
- NEVER sign for a medication that someone else has administered.
- NEVER have a person you support administer medication to another person.
- NEVER have a person you support watch over the medications while you are administering medication to another person.
- NEVER administer medication by memory.
- Refer to the picture identification in the person's profile. When in doubt call the supervisor.
- Before giving the medication to the individual, always read the ENTIRE medication label three times, comparing it to the medication sheet. Read the instructions;
  - 1) Before pouring;
  - 2) After pouring, and;
  - 3) Before putting the container back.

If you have any questions regarding the medications to be administered or the proper procedure, call the nurse or supervisor.

## **DEFINITIONS**

### **TYPES OF MEDICATION ORDERS**

<b><u>REGULARLY SCHEDULED -</u></b>	medications administered every day, as ordered
<b><u>SINGLE ORDER -</u></b>	medication that is administered only once.
<b><u>STAT ORDER -</u></b>	medication that is administered IMMEDIATELY
<b><u>TIME LIMITING -</u></b>	medication is given for a specific time period only, e.g. Penicillin 250 mg QID x 5 days.
<b><u>PRN ORDER -</u></b>	medicine ordered for a specific individual to be given as needed for a specific reason (e.g., for a headache take Tylenol.)

### **ROUTES OF ADMINISTRATION**

Medications are administered in different ways (routes). The following are various routes for medication administration (your agency will provide person specific training):

ORAL	by mouth
SUBLINGUAL	under the tongue
MUCOSAL	between cheek and gum
NASAL	via the nostrils

INHALANT	via inhaler (nebulizer) to the lungs.
OTIC	to the ear
OPTICAL	to the eye
TOPICAL	applied to the skin
G-TUBE, J-GUBE	via a surgical opening into the stomach (gastrostomy tube) or jejunum (jejunostomy tube)
SUBCUTANEOUS	
INJECTION	into subcutaneous fat via injection
RECTAL	via the rectum
VAGINAL	via the vagina

### **MEDICAL SYMBOLS AND ABBREVIATIONS**

@ - at	PM - evening
āč- before meals	po - by mouth
AM - morning	pr - by rectum
ASAP - as soon as possible	PRN - as necessary
Ax - axillary	Q - every
BID or bid - two times a day	Q6° - every 6 hours
BP - blood pressure	QD - every day
č - with	QID or qid - four times a day
cc - cubic centimeter	QOD or qod - every other day
c/o - complaint of	® - right
DC or d/c or - discontinued	Radial - wrist pulse
Gm- gram	š - without
Gtts - drops	sc - subcutaneous (under the skin)
HR - hour	sl - sublingual (under the tongue)
HS or hs - hour of sleep	T - temperature
IM - intramuscular	tsp - teaspoon
(L) - left	Tbl or Tbsp - tablespoon
meq - milliequivalent	TID or tid - three times a day
Mg - milligram	TPR - temperature, pulse and respiration
ml - milliliters	VS - vital signs
NKA - no known allergies	WNL - within normal limits
NPO - nothing by mouth	▲ - change
Oint - ointment	↑ - increase
Oph - eye or ophthalmic	↓ - decrease
Otic - ear	i - one
pč- after meals	ii - two
P - pulse	iii - three

## PRN ORDERS

A PRN order is a medication ordered by a physician or other licensed health care provider, to be administered under certain specific circumstances.

The PRN (as needed) order is given if the person displays signs/symptoms specific for the medication order or if the person requests the medication for the specified complaint.

- All PRN medications are given according to agency specific policy. Before administering the PRN medication, always:
- Check PRN order for correct dose
- Check the individual's medication sheet for the specific parameters for administering the PRN medication
- Check the individual's medication sheet for medication restrictions and allergies
- Check the medication sheet for the last time the PRN medication was given

The procedure for administration of a PRN medication shall be as follows:

1. According to your agency's specific policy, notify a nurse or supervisor prior to the administration of PRN medication.
2. Before pouring any PRN medication, make sure that it fits the prescribed time frame. If it is prescribed for every four hours, make sure it **has not been given in less than that time**.
3. Before administering any PRN medication, make sure that it is prescribed for that specific complaint or circumstance.
4. The individual's medication sheet should be checked for any allergies or specific reason that indicates the person should not receive a PRN medication. Example – a person complains of headache and you want to give Tylenol, but when you check the medication sheet you see that the person is already receiving Tylenol four times a day.
5. Document the PRN medication according to your agency's specific policy.

## INFORMATIONAL TOOLS

1. Good hand washing techniques must be followed in order to prevent the spread of bacteria. See hand washing under General Rules.

2. Medications are ordered from a pharmacy. According to your agency's specific policy, the home manager (or designee) or nurse will regularly check all medications and will reorder anything that is necessary. Be sure to notify the appropriate person if medications are getting low.
3. New medication sheets will be supplied each month and checked by the nurse for accuracy. Each Direct Support Professional is responsible to sign the designated area of the medication sheet and note the initials he/she will be using to sign for medications.
4. It will never be necessary for you to calculate doses. All instructions should be clearly written on the person's medication sheet. If you are unclear as to the directions, ask the nurse or supervisor or call the pharmacy, according to your agency's policy.
5. SCORED TABLETS: the only medications that may be halved or quartered are those that are SCORED. A single scored tablet may be broken in half; a double scored tablet into quarters.
6. Tablets and capsules should not be held in the hand. Always use a spoon or medication cup to administer them. One clean spoon and medication cup per person. Be sure that the medication has been swallowed before going on to the next person.
7. As medications are being passed, if any inconsistencies in size, shape, color or number of medications are noted, contact a nurse or supervisor for direction.
8. Give medication as close to the time ordered as possible. According to your agency's specific policy, a one-half to one-hour leeway is permitted before and after the designated time.
9. Immediately after each medication is administered, the medication sheet must be initialed in blue or black ink.
10. After completing the medication pass, check the medication sheet for completeness and accuracy.

## SECTION II

### ADMINISTRATION OF MEDICATION

The method by which drugs are administered modifies their effect on the body. Some drugs are effective with only one form of administration while others may be given in a variety of ways, depending on the preparation used and the reason for which the medication is given. Generally we are concerned with two types of drug administration:

- a. local (effect is limited to the site of application) e.g., ointments, creams, eye drops, and;
- b. systemic (general effect in which the drug is absorbed into the blood stream and carried to one or more of the tissues in the body) e.g., tablets, capsules, liquids, injections.

### METHODS OF DRUG ADMINISTRATION

The most common method of administration is oral. Oral administration has the disadvantage of being slower in onset of action. Some drugs, such as insulin, are not effective when given orally as they are destroyed in the juices in the gastrointestinal (GI) tract or are not able to be absorbed from the GI tract and are administered by injection. Some oral medications may irritate the stomach and for this reason, are coated in a special way that prevents them from being broken down in the stomach. These tablets are called ENTERIC COATED. The tablet is coated with a hard, shiny or waxy substance allowing it to pass through the stomach unchanged, to be broken down in the small intestine and there pass into the bloodstream. Enteric-coated tablets should never be crushed or cut into smaller pieces. There are other medications that should not be crushed (e.g., because of time release.) These medications will be so identified on the medication sheet. Always check if you are not certain.

Drugs given orally may be administered as tablets, capsules, liquids, or powder. Taste is an important factor from the person's standpoint. Fluids that have an unpleasant taste should be given cold, often with ice, and followed by a drink of water. Liquid medication with an ACID or IRON base should be given through a straw. This prevents discoloration and damage to the teeth. Tablets may be given with applesauce, but the person should always be offered a glass of water to prevent choking or gagging.

Be alert when giving medications and keep a friendly, positive attitude.

Direct Support Professionals who administer medications are legally responsible to follow their agency's specific policy and procedure when administering medications.

Direct Support Professionals should be aware of possible side effects and reactions to medication, including allergic reactions (see Section III, Documentation and Medication Errors “Drug Reactions”).

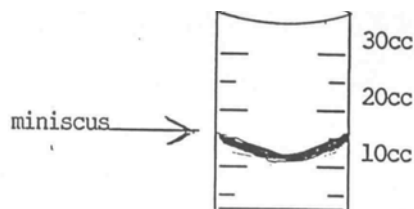
## **SPECIFIC INSTRUCTIONS FOR ADMINISTERING MEDICATIONS:**

### **ORAL ADMINISTRATION OF TABLETS AND CAPSULES**

1. Wash hands thoroughly.
2. Administer the medication to the individual.
3. Be sure the person swallows the medication. Unless the tablet is called “chewable”, all tablets and capsules **SHOULD NOT BE CHEWED**, since this will cause the medication to be released in the mouth and cause improper absorption of the medication and may also have an unpleasant taste.

### **ORAL ADMINISTRATION OF LIQUIDS**

1. Liquid medications should only be poured when you are ready to pass them.
2. When pouring liquids, hold the label in the palm of your hand. This prevents spilling any of the liquid onto the label. After pouring, wipe the neck of the bottle with a moist, disposable towel to prevent it from becoming sticky.
3. When measuring liquid medications, hold the medicine cup at your eye level and on a level surface. Mark the dose line with your thumbnail and pour the desired amount into the medication cup. Read the dose level at the lowest point of the curve (the meniscus).
4. Pour small amounts of liquid medication at a time. If you pour more liquid medication than the dose calls for, dispose of the excess according to your agency specific policy. **NEVER POUR LIQUID MEDICATION BACK INTO THE BOTTLE.**



5. If a liquid and tablet or capsules are to be given at the same time, give the tablet or capsule first, then the liquid medication.



6. If there is more than one liquid and one is a cough syrup, the cough syrup is always given last to coat the throat.
7. NEVER mix liquid medications together.
8. Shake the bottle well before pouring (if so directed).
9. Some liquid medications must be refrigerated. They will be marked as such and should be returned to the refrigerator after use.
10. NEVER consolidate two partially used bottles of liquid meds, even though they may appear to be identical.
  - a. expiration dates may vary
  - b. the practice is dangerous and illegal.

### **SUBLINGUAL/MUCOSAL ADMINISTRATION**

SUBLINGUAL (sl) medication is not swallowed. It is placed under the tongue where it is retained until it is dissolved or absorbed. This method of administration is used with special medications such as nitroglycerin tablets (a medication used to treat acute/chronic heart pain).

The procedure for MUCOSAL administration is similar to that for sublingual except that the medication is placed between the cheek and gums and retained until it is dissolved.

### **APPLICATION OF TOPICAL MEDICATION**

Topical medication is applied directly to the skin.

#### **MEDICATION PATCHES:**

##### **Procedure:**

1. Wash hands thoroughly, apply gloves.
2. Explain to the person what you are going to do and why.
3. Remove old patch and wash area carefully with soap and water to remove any old adhesive or medication. The use of alcohol may be necessary.
4. Prepare the area as per individualized training.
5. Remove backing from patch and apply adhesive side to the prepared area. Do not let your fingers touch medicated side of the patch.

6. Do not put the new patch in the same place each time. Try to rotate sites to prevent skin irritation. **DO NOT PLACE PATCH ON RED OR IRRITATED SKIN.** Patches can be placed on any area of the skin except on the face, genitals, forearms or the lower part of the legs.
7. Gently rub the patch to insure proper adhesion.
8. Remove gloves, wash hands thoroughly.
9. Report findings to the nurse as directed.

#### **CREAMS AND OINTMENTS:**

##### **Procedure:**

1. Wash hands thoroughly, apply gloves.
2. Explain to the person what you are going to do and why.
3. The area to be treated is cleansed with mild soap and water and is dried well.
4. Use only a small amount of ointment or cream. Too much can impede the healing process, be irritating to the skin, stain clothes, and/or be unnecessarily expensive.
5. Apply ointment or cream with a tongue blade or a hand covered with a disposable glove, and use a circular motion for the application. Gently rub in all the cream or ointment until it disappears into the skin.
6. The condition of the skin should be checked frequently for:
  - a. Progress or lack of progress in healing
  - b. Adverse reaction to the ointment or cream that has been applied, such as blistering, redness to the surrounding tissues
7. Report findings to the nurse as directed.

#### **INSTALLATION OF MEDICATIONS:**

##### **INSTALLATION OF EYE (OPHTHALMIC) MEDICATIONS**

Every person should have his/her own bottle or tube of eye medication and it is to be used *only* for that one person.

##### **Objectives:**

- To prevent or relieve inflammation or congestion
- To dilate or contract the pupil of the eye.

- To produce local anesthesia/relieve pain.
- To treat diseases and infections.
- To lubricate.

**Equipment:**

- medication
- tissue or gauze pads
- gloves

**Person's position:**

- lying down on back, or
- sitting with head tilted back and supported

**Procedure:**

1. Wash hands thoroughly using proper hand washing technique. Apply gloves.
2. Explain to the person what you are going to do and why.
3. Remove any secretions from eyelid and wipe eye with damp gauze pad. Use a separate gauze pad for each eye.
4. If an ointment is being used, a small amount should be expressed from the tube and discarded before use on eye.
5. Position the head of the person. It may be necessary to have another staff person assist in maintaining the position.
6. Gently pull down lower lid to form a "pocket".
7. Instill the prescribed amount of drops into the pocket, near the inner aspect of the eye (where eyelids meet near the nose).
8. If using ointment, place a thin line of the ointment along the inner pocket, extending from the inner to outer aspect of the eye.
9. Let the person's eye close gently.
10. After the drops have been instilled, hold a gauze pad over the inner angle of the eye so that the medication will not escape into the tear duct.
11. When ointment is applied, have the person rotate his/her eyeball from side to side in order to spread the ointment over the entire surface.

12. Important points to remember:

- a. NEVER INVERT THE DROPPER; the medication should not come in contact with dropper "bulb"
- b. Take special care not to touch the eyeball with the tip of the ointment tube or the dropper.
- c. At no time, is pressure to be put on the eyeball.
- d. Wipe off excess medication from skin to prevent irritation.

13. Eye Medications MUST:

- be sterile
- have the word "ophthalmic" or "eye" on the label.

14. Remember that eye drops/ointments will temporarily cause blurred vision and the person may require assistance to move about safely. Remain with the person for a few minutes.

### **INSTILLATION OF EAR (OTIC) MEDICATIONS**

#### **Objectives:**

- To relieve pain
- To treat infection
- To dry up a discharge
- To soften a plug of ear wax (cerumen)

#### **Equipment:**

- medication
- tissue or gauze pads
- gloves

#### **Person's position:**

- lying on side with head resting on unaffected side, or
- sitting with head tilted toward unaffected side with support

#### **Procedure:**

1. Wash hands thoroughly, apply gloves.
2. Explain to the person what you are going to do and why.
3. Medication should be at room temperature.
4. Remove any secretion on the external ear with a damp gauze pad. Use separate gauze for each ear.

5. Widen the opening of the ear by gently pulling down and outward on the ear lobe.
6. Drop the medication into the outer ear and allow it to gently trickle into the ear.
7. DO NOT ALLOW TIP OF DROPPER TO TOUCH EAR.
8. Remove any excess medication with a clean tissue or gauze.
9. Keep the person's head tilted for several minutes to prevent the drops from escaping.
10. Be careful not to force air into the ear canal when giving eardrops as this may cause discomfort to the person.

#### **HYGIENIC CARE OF EARS WITH A DISCHARGE:**

1. Hands should be washed well before ear care. Apply gloves.
2. The discharge should be removed frequently using a gauze pad. NEVER insert cotton tipped swabs into the ear canal.
3. Petroleum jelly can be applied to the outer ear to prevent break down of the skin.
4. NEVER plug a discharging/draining ear.
5. Encourage the person to keep his/her hands away from the ear.
6. Discharge may not be unusual. Note the color, texture, odor and amount of discharge. Document and report to the nurse, as directed.
7. Remove gloves. Wash hands well.

#### **INSTALLATION OF NASAL (NOSE) MEDICATIONS**

##### **Objectives:**

- To soften and remove discharges
- To relieve pain
- To shrink mucous membranes

##### **Equipment:**

- medication
- gauze pads or tissues
- applicators
- gloves

Person's position:

- sitting upright with head tilted back and supported
- lying with shoulders elevated above the level of the head
- lying on back with head lowered over side of bed

**PROCEDURE FOR ADMINISTERING NASAL DROPS:**

1. Wash hands thoroughly. Apply gloves.
2. Explain to the person what you are going to do and why.
3. Clear person's nose of discharge or have person gently blow nose.
4. Position person; use one of above recommended positions.
5. Draw enough medication into dropper for both nostrils.
6. Hold dropper at entrance to nostril, and slowly instill the prescribed numbers of drops.
7. Repeat the procedure in other nostril.
8. Encourage the person to keep his/her head tilted back; assist gently if needed.

**PROCEDURE FOR ADMINISTERING NASAL SPRAYS:**

1. Wash hands thoroughly. Apply gloves.
2. Explain to the person what you are going to do and why.
3. Clear person's nose of discharge or have person gently blow nose.
4. Position person; use one of above recommended positions.
5. Insert the tip of the spray bottle, pump or inhaler into the nostril. Instruct the person to inhale as you squeeze the bottle or activate the pump or inhaler. Repeat for second nostril.
6. The person should not blow his/her nose during this time.
7. Clean the spray, pump or inhaler after each use by wiping it with a moistened gauze pad or cotton ball that has been moistened with warm water.

***Important points to remember:***

- Always be gentle. Because of the number of blood vessels in the nasal area, a small injury can cause much bleeding.
- Do not allow the tip of the dropper to touch the nostril.
- Applicator tips should be wiped with gauze or tissue after each use.

**INSTILLATION OF INHALANT MEDICATIONS**

Inhalant medications can be delivered through 1) Metered dose inhalers or 2) Nebulizers. The metered-dose devices are hand-held canisters with a mouthpiece. Some canisters are equipped with a tube or spacer that increases the amount of the inhaled drug. The medication is delivered in "puffs" while the person is inhaling. A nebulizer is an apparatus that uses compressed air to aerosolize the drug. Administering medications using a nebulizer is a specialized procedure. Specific training will be provided.

**Objectives:**

- To open airway and ease breathing
- To help with mucous drainage
- To liquefy thick secretions
- To decrease inflammation

**Equipment:**

- Medication
- Metered dose inhaler or nebulizer
- Gloves
- Mouth rinse

**Person's position:**

- Sitting upright

**Procedure(s):**

You will receive person-specific training before giving inhalant medications. General procedures are as followed.

**PROCEDURE FOR METERED DOSE INHALERS**

1. Always be sure that the canister is not empty and is not punctured. Shake the inhaler well immediately before each use. Remove the cap from mouthpiece.

2. Ask the person to breathe out fully, gently expelling as much air as possible. Place the mouthpiece fully in the mouth holding the inhaler upright and closing the lips around it.
3. While the person is breathing deeply and slowly through the mouth, fully depress the top of the metal canister with the index finger.
4. Instruct the person to hold breath for as long as possible, then, exhale slowly. Remove the inhaler from mouth and release fingers from the canister.
5. If 2 “puffs” are to be administered, wait at least one minute before administering the second “puff”.
6. The person should use a mouth rinse after the medication is administered. The person should “rinse and spit”. If the person is unable to do this, use a mouth swab.
7. Clean the inhaler thoroughly after use. Remove the metal canister and clean the plastic case, rinse with water. Dry thoroughly and clean daily.

#### **PROCEDURE FOR METERED DOSE INHALERS WITH SPACER**

1. Remove the caps from both the inhaler and the spacer.
2. Insert the inhaler mouthpiece into the wider, rubber-sealed end of the spacer.
3. Shake the assembled piece three or four times.
4. Place the spacer mouthpiece in the mouth and close lips around it.
5. Spray the puff from the inhaler into the spacer.
6. Breathe in slowly and fully, taking about five seconds to complete this step.
7. Hold breath for five to ten seconds.
8. Use a mouth rinse after the inhaler is used.
9. Clean the inhaler and spacer well with water. Dry thoroughly and clean daily.



## SECTION III

### DOCUMENTATION AND MEDICATION ERRORS

#### DOCUMENTATION ERROR

A documentation error is a failure to follow your agency's specific policy and procedure for medication administration documentation.

#### MEDICATION ERRORS

*A medication error is any incident involving medication that may or may not cause harm, directly or indirectly to a person's health and welfare. Examples of medication errors include, but are not limited, to the following:*

- Giving the wrong medication.
- Giving a medication to the wrong person.
- Giving the wrong dosage.
- Giving a medication at the wrong time
- Omitting the medication without permission.
- Giving the medication by the wrong route.

When a medication or documentation error is made or discovered:

1. Stay calm.
2. Ensure the safety of the person.
3. Follow your agency specific policy for notification of nurse or appropriate person, Poison Control and/or 911.
4. Follow any specific instructions given.
5. Document the error according to your agency's specific policy.

Always report medication errors. STAY CALM.

#### SIDE EFFECTS

The goal of drug therapy is to help the person be as healthy as possible. It is important to know why a person is receiving a particular medication so that you can make observations that will indicate whether or not the medication is working. Sometimes drugs may react differently on different people. In fact, drugs may have the opposite effect on an individual or may even cause harm.

Example: administering a sedative to some people may cause excitement rather than sedation.

All drugs may have other actions besides the primary one. These actions are called side effects. Direct Support Professionals who pass medications are also responsible for

monitoring the individuals for any possible side effects. Example: antihistamine, which is given to reduce symptoms of allergy, may cause drowsiness. It is the responsibility of each DSP to observe for and report any side effects or changes in the individual's condition. Some of the most frequent side effects include nausea, vomiting, diarrhea, constipation, and skin rashes.

### DRUG INTERACTIONS

Drugs can interact. Concurrent administration of medication may result in a drug interaction. This interaction may effect the action of one or more of the drugs. The effect of the drug may be increased or decreased.

An example of this is how Maalox (an antacid) decreases the effectiveness of tetracycline (an antibiotic). This is because tetracycline (as well as other antibiotics) needs stomach acids to be absorbed and Maalox (and other antacids) inhibits these acids.

Food may also interact with drugs. For example, grapefruit juice should not be given with ANY medication as it may adversely affect absorption of the medication. There are some medications (such as the antibiotic tetracycline or the medication Fosamax used to treat osteoporosis) that must be given on an empty stomach for maximal absorption. Also certain antibiotics (such as tetracycline) must not be given with dairy or calcium containing products since their absorption will be adversely affected.

- Certain medications may make a person more photosensitive (more prone to getting a sun burn). Some of the most common medications that may cause a photosensitive reaction are:
- Estrogen containing products (hormone replacement and oral contraceptives)
- Certain diuretics ( hydrochlorothiazide and furosemide)
- ACE inhibitors (Accupril, Captopril, Enalapril, Monopril, Prinivil, Univas, Zestril)
- Certain antibiotics (such as tetracyclines including doxycycline or minocycline and sulfa-based antibiotics).
- Vitamin A derivatives (Accutane, Retin A)
- Certain diabetes medications (glyburide and glipizide)
- Anticonvulsants (seizure medications)
- Anti-depressants

To protect against a photosensitive reaction, sunscreen with an SPF (Sun Protection Factor) of at least 30 should be applied prior to outside exposure.

## **DRUG REACTIONS**

A reaction to a medication can be demonstrated by either a change in a person's behavior (increased agitation, hyperactivity), or an allergic response (rash, hives, generalized swelling, or difficulty breathing).

### **CHANGE IN BEHAVIOR PROCEDURE**

1. Document changes noted according to your agency specific policy. Include the time the medication was administered and how soon the changes were observed following the administration.
2. Report changes to the nurse or supervisor per your agency specific policy

An example of this type of reaction to a medication is: following the administration of a sedating medication where the expected response is drowsiness, the person instead begins to demonstrate highly agitated behavior.

### **MINOR ALLERGIC REACTION PROCEDURE**

1. Call the nurse or supervisor per your agency policy.
2. Document the reaction per your agency specific policy.

**SEVERE ALLERGIC REACTION PROCEDURE** (This can develop into a **life threatening** situation very quickly!)

1. Call 911 to initiate emergency medical services.
2. Stay with the person. Be prepared to initiate CPR.
3. Notify the nurse/supervisor once the person's safety is ensured.
4. Fill out an incident report per your agency specific policy. Be sure to include the names of all persons notified as well as any follow up instructions given.

## **DRUG STORAGE**

- It is very important that medications be properly stored, since improper storage may lead to ineffectiveness of the drug. Always protect medications from extreme heat, light, and humidity. Never use discolored medications or medications whose consistency has changed. Always follow specific label directions such as "keep refrigerated." **Always check expiration dates and never use expired medications.**

Storage of medications shall comply with the following:

- Only those authorized to administer medications are permitted to have access to the medication keys and use the medication cabinet.
- Medications shall be stored in a locked area
- Medications shall be stored separately from non-medical items.

- Medications shall be stored under proper conditions of temperature, light, humidity and ventilation.
- Medications requiring refrigeration shall be stored in a locked and secured container within the refrigerator.
- All controlled drugs shall be stored in a double locked cabinet.
- Internal and external medications shall be stored separately.
- All medications shall be stored in their original containers, with the exception of medications for those who self-administer. Those medications will be stored in a manner that makes them inaccessible to others, according to your agency's specific policy.

### DRUG REFERENCE

Do not hesitate to ask questions about any of the drugs you administer. Always be sure that what is ordered on the medication sheet is the same as the label on the container. Notify the nurse or supervisor of any discrepancies, according to your agency's specific policy.

### GENERIC NAMES VS. BRAND NAMES

The generic name of a drug is the same as the chemical composition of a drug. Generic drugs will usually cost less than if purchased by the brand name. The brand name refers to the name given to a drug by various drug companies. Different brand name drugs may have the exact same chemical composition, but will be identified by different names depending upon which drug company manufactures them.

If a generic drug is ordered for a person, the name of the drug on the label of the container must match the name of the drug on the person's medication sheet.

If the name of the drug does not match, **do not administer the medication** until you have checked with a nurse or supervisor, according to your agency's specific policy. Never be afraid to ask questions if you are unsure of the medication you are going to administer.

All Direct Support Professionals should take the responsibility of administering medications very seriously. Always remember to use the medication sheet, and to compare the label on the container 3 times as instructed prior to pouring any medication. When done properly, very few mistakes should occur. However, if a mistake does take place, **STAY CALM.** Report the mistake immediately to the nurse/supervisor and follow instructions carefully.

### ALWAYS REMEMBER - WHEN IN DOUBT, ASK QUESTIONS